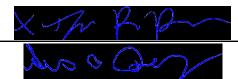
□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4																	
-					No. of Risk Factor/InterventionViolations O Date No. of Repeat Risk factor / Intervention Violations Score (optional) Time Outlines						e In	10:15	2014 5 AM				
_	<u> </u>								(-)				—	-			<i>J P</i> AIVI
							City Zip Code Telephone LEWISTON 04240 207-777-38						200				
											<u> </u>						
License Type Owner Name							Purpose of Inspection License Posted Risk Categor						gory				
EATING PLACE 30-75 SEATS MAINSUSA CORP											t Report	No					
	FOODBORNE ILLNESS RISK FACTO									BLIC HE	ALTH INTER	VENTIONS	;				
	,	Nivele decim	antad namulianan atatus	(IN OUT N/O N/A) for each mumber						Ma	uk"Y" in annuan	ista hav far C	200	d/au F	,		
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark"X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
Compliance Status Cos R Compliance Status											cos R						
Supervision							Potentially Hazardous Food Time/Temperature							ı			
PIC present, demonstrates knowledge, and			ates knowledge, and			_	6		IN	Proper cooking	· · · · · · · · · · · · · · · · · · ·						
			performs duties	oyee Health				_		IN	Proper reheatii				lding		
2		IN	Management awarenes	-	$\overline{}$	П	ı ⊢	18 IN Proper cooling time & temperatures 19 IN Proper hot holding temperatures						_			
3		IN		, restriction & exclusion	\top	П	_	_									
				jienic Practices			2	_		r reper renament greenperature						\vdash	
4		IN		drinking, or tobacco use		П	21 IN Proper date marking & disposition 22 IN Time as a public health control: procedure						\vdash				
5		IN	No discharge from eyes						ocedi	ıres & re	cord						
		INI	Preventing Contamination by Hands				Consumer Advisory Consumer advisory provided for raw or						Т				
6		IN	Hands clean & properly		+	Н	2:	3		IN	Consumer advi		d for ra	aw or			
7		IN		vith RTE foods or approved			Н						tions				
8		INI	alternate method prope	· ·	+	H	H	-			Highly Susce			d food	le not		
ů		IN		facilities supplied & accessible			24	24 IN Pasteurized foods used; offered			ous useu, pro	sea; pronibited foods not					
		INI		red Source	$\overline{}$		ŀ					Chemical					
9		IN	Food obtained from app		_	Ш	2	5	_	IN			nrone	rlv us	ed	Ī	Т
10		IN	Food received at prope	· · · · · · · · · · · · · · · · · · ·	\bot	Ш	2			IN	Food additives: approved & properly used Toxic substances properly identified, stored & used			hoo	_		
11		IN	Food in good condition	•	\bot	Ш	l	1			Conformance with Approved Procedures				seu		
12		IN	Required records avail	able: shellstock tags			Н	┰		CO							
			parasite destruction		ㅗ	Ц	2	7		IN	Compliance with & HACCP plan	th variance, s	special	ızea p	orocess,		
				om Contamination			╵	_			ATIAOOI PIAII						
13		IN						F	Risk F	actors	are improper prac	ctices or proce	dures id	lentifie	ed as the r	nost	
14		N Food-contact surfaces: cleaned and sanitized prevalent contributing factors of foodborne illness or injury. Public				Public He	alth										
Proper disposition of returned, previously served, reconditioned, & unsafe food								Interventions are control measures to prevent foodborne illness or injury.									
				GOOD I	RETA	۱L	PR	AC	TIC	ES							
			Good Retail Practices are	preventative measures to control the	additi	on of	f path	hog	ens,	chemicals,	and physical obje	cts into foods.					
Ма	rk ")	X" in box if n	umbered item is not in com	pliance Mark "X" in appropriate	e box f	or C	OS a	and/	or R	COS:	=corrected on-site	during inspec	ction	R=re	epeat viol	ation	
				· · · · · · · · · · · · · · · · · · ·	cos	R	П								<u> </u>		COS R
			Safe Food and	Water			1 🖿				Proper Us	e of Utensils					
28 IN Pasteurized eggs used where required						Т	1	11 11	y Lie	1-USE LITERS	-					I	
29			e from approved source		+	+	1 ⊢	41 IN In-use utensils: properly stored 42 IN Utensils, equipment, & linens: properly stored, dried, & handled						\vdash			
30			& ice from approved source 42 IN Utensils, equipment, & linens: propose obtained for specialized processing methods 43 IN Single-use & single-service articles														
30	\		Food Temperature (_		4 1	+	Sloves used		ai aoica. pi 0	PCI IS	coi eu	. a useu		\vdash
		Proper	oling methods used; ade		ı	T	┧╞	7 "	٠ ١ ٥		Utensils, Equip	ment and Von	ndina				
31	IN	temperatu	•	quate equipilient 101			١F	T	F		-food contact su						
32	IN			holding	+	\vdash	4	5 X	(I								
33			d properly cooked for hot holding			+	┧┝	properly designed, constructed, & used 46 IN Warewashing facilities: installed, maintained, & used; test strips									
					+	╁		-	÷		_		illieu, c	x use	u, test st	rips	
34 IN Thermometers provided and accurate								7 11	√ IN	1011-100a CC	ontact surfaces						
Food Identification Physical Facilities																	
35 IN Food properly labeled; original container								8 11	_		water available;						
Prevention of Food Contamination							- ا	9 11			stalled; proper						
36 N Insects, rodents, & animals not present				+	\vdash	- 1 ⊢	0 1	Ť		vaste water proj				-			
37 38	37 IN Contamination prevented during food preparation, storage & display			+	╄	4 ⊢	51 N Toilet facilities: properly constructed, supplied, & cleaned										
					+	₩	- -	52 IN Garbage & refuse properly disposed; facilities maintained									
39 IN Wiping cloths: properly used & stored						_	5	_	_	-	cilities installed,						
40 IN Washing fruits & vegetables								4	V A	dequate v	entilation & light	ting; designa	ted are	eas us	sed		
Per	Person in Charge (Signature)									Date: 5/14/2014							
	Person in Charge (Signature) Health Inspector (Signature)									Follow-u	ıp: YES	√ NO D	ate of F	ollow	v-up:		
										<u> </u>							

State of Maine Health Inspection Report												
Establishment Name STEPHENS PIZZA		As Authorized by 22 MRSA § 2496	Date 5/14/2014									
License Expiry Date/EST. ID# /24759	Address 133 LISBON ST	City / State Zip Code LEWISTON / ME 04240	Telephone 207-777-3800									
Temperature Observations												
Location	Temperature	Notes										
hot water	110 plus											

Person in Charge (Signature)

Health Inspector (Signature)



Date: 5/14/2014

State of Maine Health Inspection Report Page 3 of 4 Date 5/14/2014 **Establishment Name** STEPHENS PIZZA Address City / State LEWISTON License Expiry Date/EST. ID# **Zip Code** /24759 133 LISBON ST 04240

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

45: 4-202.16: N: Non-food contact surfaces are improperly designed and constructed.

INSPECTOR NOTES: replace door seal sandwich bar and remove plastic from sandwich bar doors

Person in Charge (Signature) Date: 5/14/2014

Health Inspector (Signature)

	Page 4 of 4				
Establishment Name					Date 5/14/2014
STEPHENS PIZZA					
License Expiry Date/EST. ID# / 24759	Address 133 LISBON ST	City / State LEWISTON	ME	Zip Code 04240	

Inspection Notes

Certified Food Protection Manager

- Unless directed otherwise, effective January 18, 2012 establishments have to have a Certified Food Protection Manager (CFPM) at each establishment per 10-144 CMR, Chapter 201, Section 2.
- A CFPM must be hired within 90 days of a new establishment opening or when the only CFPM leaves the employment of the establishment.
- For a list of CFPM courses and trainers go to: www.maine.gov/healthinspection/training.htm
- Upon completion of the CFPM course, please fax cover sheet and course certificate to (207) 287-3165. On the cover letter please send to the attention of Carol Gott and include your establishment name and establishment license number. Her phone number is 287-5675. You can also mail a copy, with establishment ID number, to her at 286 Water St, 3rd Floor, 11 State House Station, Augusta, ME 04333-0011.

Violation Correction Time Frame

- Critical Violations should be corrected on site, but, in any event, within 10 days. The licensee must contact the inspector when the critical violation has been addressed. Please send an e-mail to [sreny@lewistonmaine.gov or call Susan Reny at 513-3125 etx 3224].
- Non-critical violations must be corrected no later than 90 calendar days after the inspection. The Department may approve a compliance schedule that extends beyond the time limits if a written schedule of compliance is submitted by the Permit Holder and no health hazard exists or will result from allowing an extended schedule for compliance.
- Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department, which are outlined in Sections 7, 8, and 9 of 10-144 CMR Chapter 201 available at: www.maine.gov/dhhs/eng/el/rules.htm

Documentation Retention

- A copy of the most recent inspection report must be maintained at the establishment and be made available to the public upon request.
- A copy of all CFPM certificates must be maintained at the establishment.
- The establishment's current license must be displayed.

Dave Grendell is a CFPM 10795002 Exp 02/28/2019

Person in Charge (Signature)

Date: 5/14/2014

Health Inspector (Signature)

HHE-601(a)Rev.01/07/10